

Name
in
Full

Garrison & Stokins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at		snow field	Dorchester			
Date of death 1903	Month	Day	Years	Months	Days	
Feb.	Feb.	14	Age 51-	8.		
Sex	Color or Race	Birth- place				
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information		How related to deceased				
CAUSES OF DEATH						

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

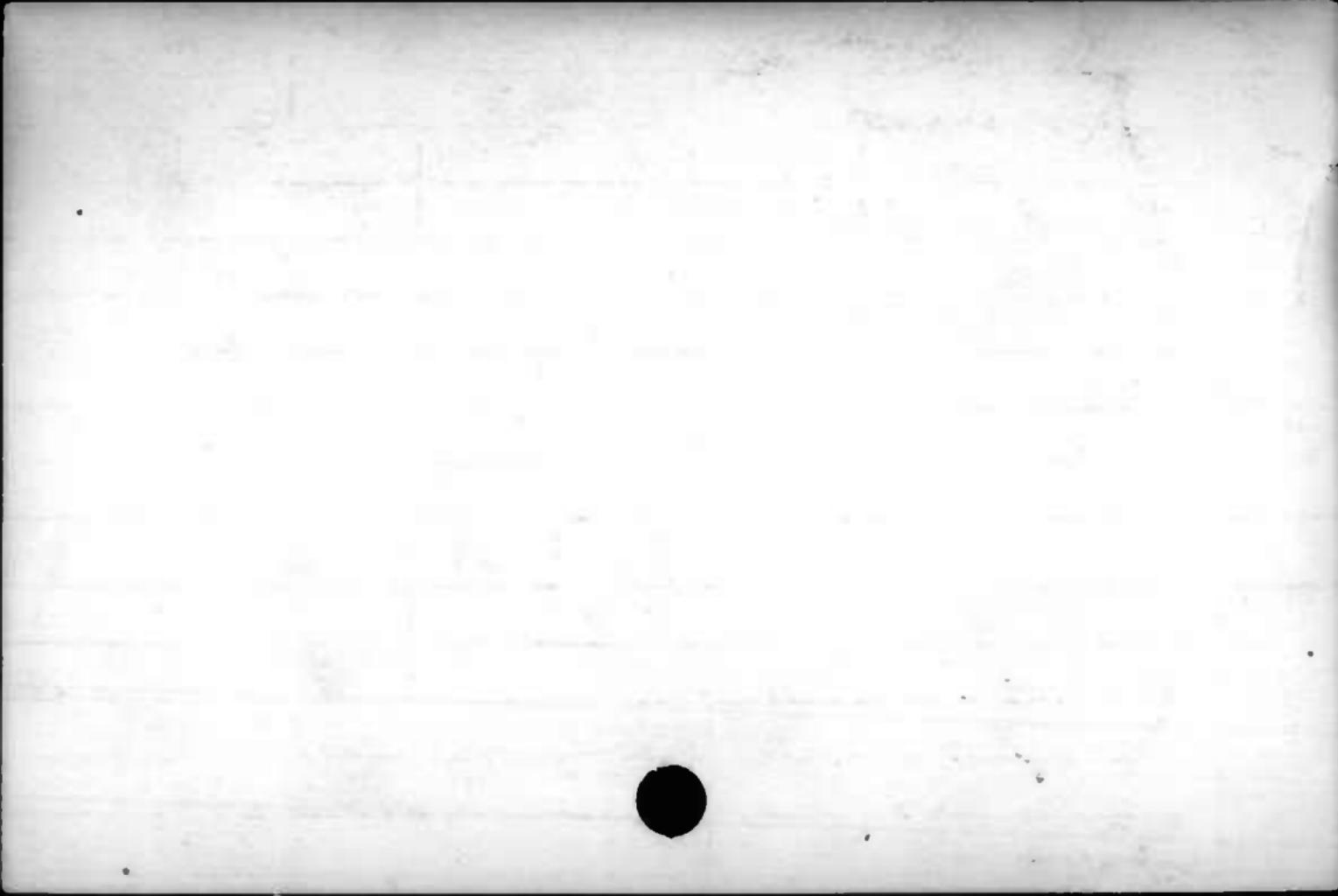
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

179.

Address

Accident or Suicide?



Name
in
Full

Mrs Phetty Baker

CERTIFICATE OF DEATH

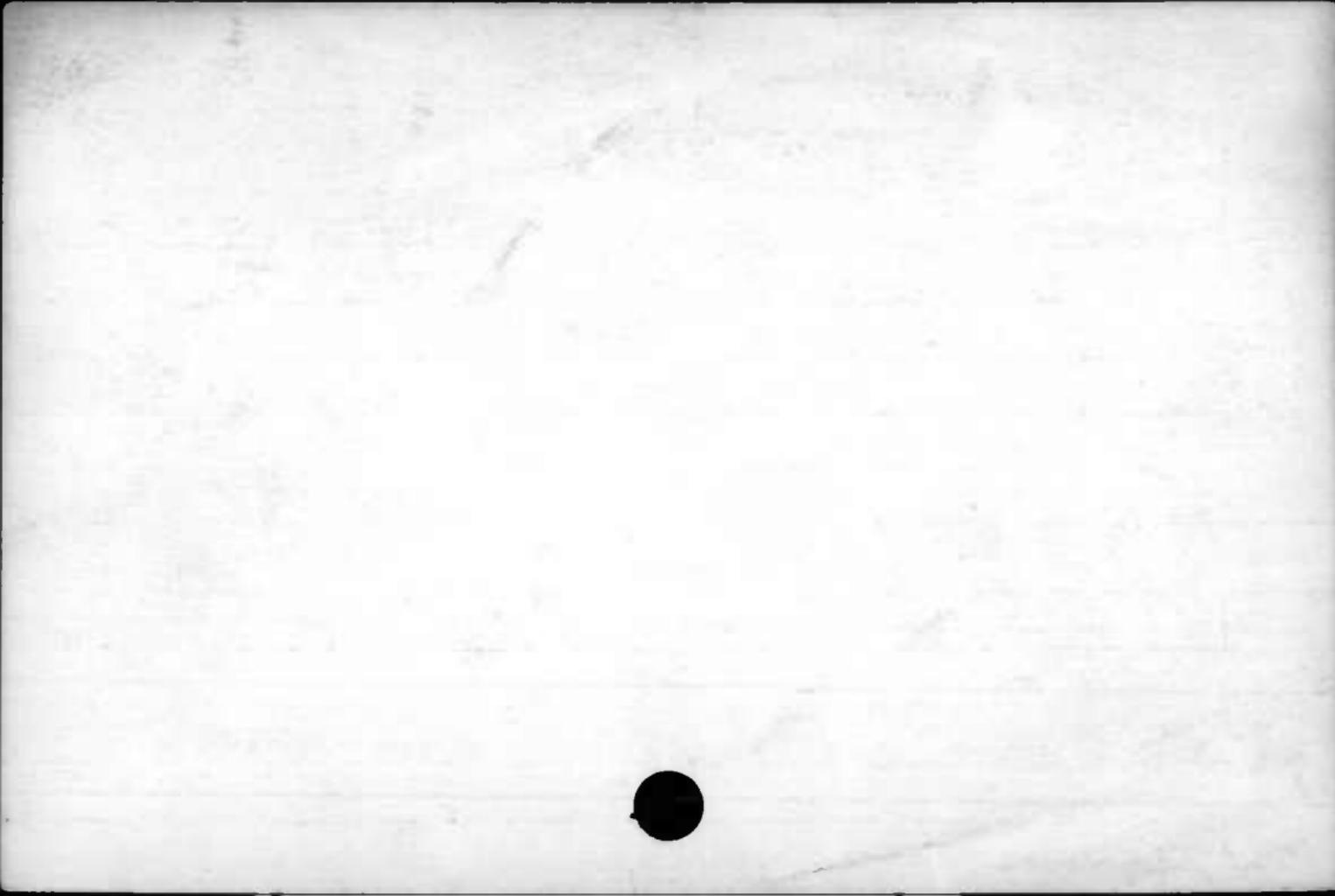
TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin		County Worcester		MARYLAND		
Date of death 1903	Month Feb	Day 16	Age 54	Years	Months	Days
Sex	Color or Race White			Birth-place Campbell		
Married, Single or Widowed widow	Occupation house work					
Name of Wife or Husband						
Father's Name	William Slunday			Father's Birthplace	city no	
Mother's Maiden Name	Marthy Slunday			Mother's Birthplace	city	
Name of person giving information	Mrs Lefas Burhage			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cold Pneumonia q3		How long
Immediate	Collapse of lungs		How long 9 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ebe Holland
		Address	Berlin Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Liza Bennett

Town
Died at Bridgetree

County
Worcester

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Age Years Months Days
of death 1903 2 9 67

Sex Female Color or Race Black Birth-place Maryland

Married, Single or Widowed Single Occupation Cork

Name of Wife or Husband

Father's Name do not know

Father's Birthplace do not know

Mother's Maiden Name Rita Bennett

Mother's Birthplace Ga.

Name of person giving Information Sadie Selby

How related to deceased Son

CAUSES OF DEATH

Primary

Pneumonia 93

How long

3 Weeks

Immediate

Heart Exhaustion

How long

About 24 hours.

Are the name, age, sex, color, date and place correctly given above?

so far as I know

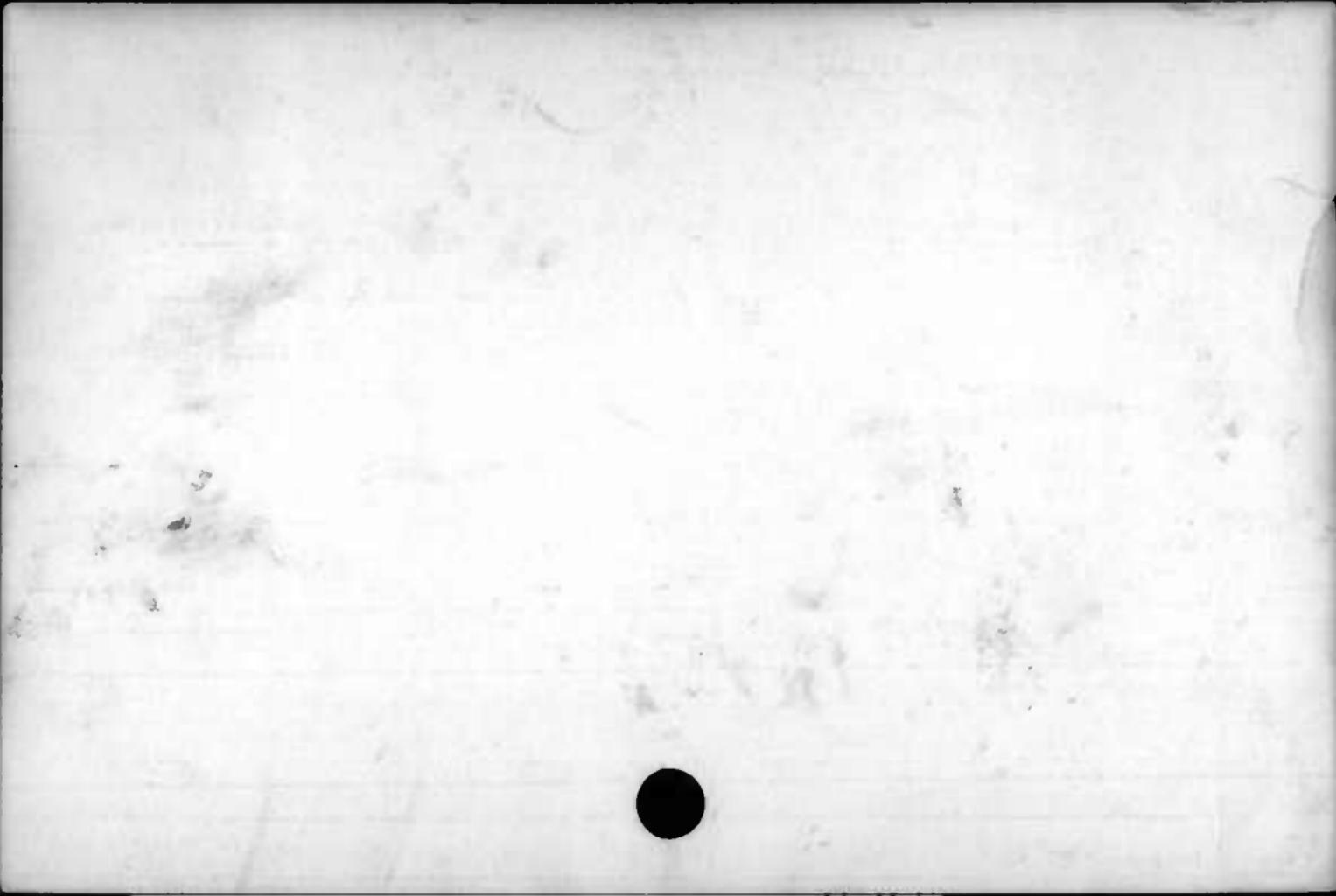
Signature of Physician

C. S. Bennett, M.D.

Address

Bridgetree, Ind.

Accident or Suicide? _____



Elizabeth A. Brumwelle

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jul 24

Age 74

Worcester

Domestic

~~White~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Five

Husband of

Jas B Brumwelle

Father's Name

Henry Jones

Mother's

Maiden Name

Cause of Death

Primary

Epilepsy

10

How long sick

3 months

Immediate

Epilepsy

Accident, Suicide, Homicide

Reported by

John J. Clegg

Address

*100 W. Main Street
Chestertown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel Bunting

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex Male	Color or Race	White	Birthplace Frankfort		
Married, Single or Widowed	Occupation		Carpenter		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	20		How related to deceased		

CAUSES OF DEATH

Primary	Acute Bronchitis		How long
Immediate	Consumption		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R.P. O'Leary
		Address	Braddockville
Accident or Suicide?	By Reason Braddockville and Maryland		



Name
in
Full

Not married

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month Feb	Day 20	Years	Months 6	Days
Sex Male	Color or Race White	Occupation None		Birth-place Maryland	
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name George Christopher			Father's Birthplace Maryland		
Mother's Maiden Name Rose McCabe			Mother's Birthplace Maryland		
Name of person giving information Painter Watson			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Brown Petas 90

How long

Lamouth

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

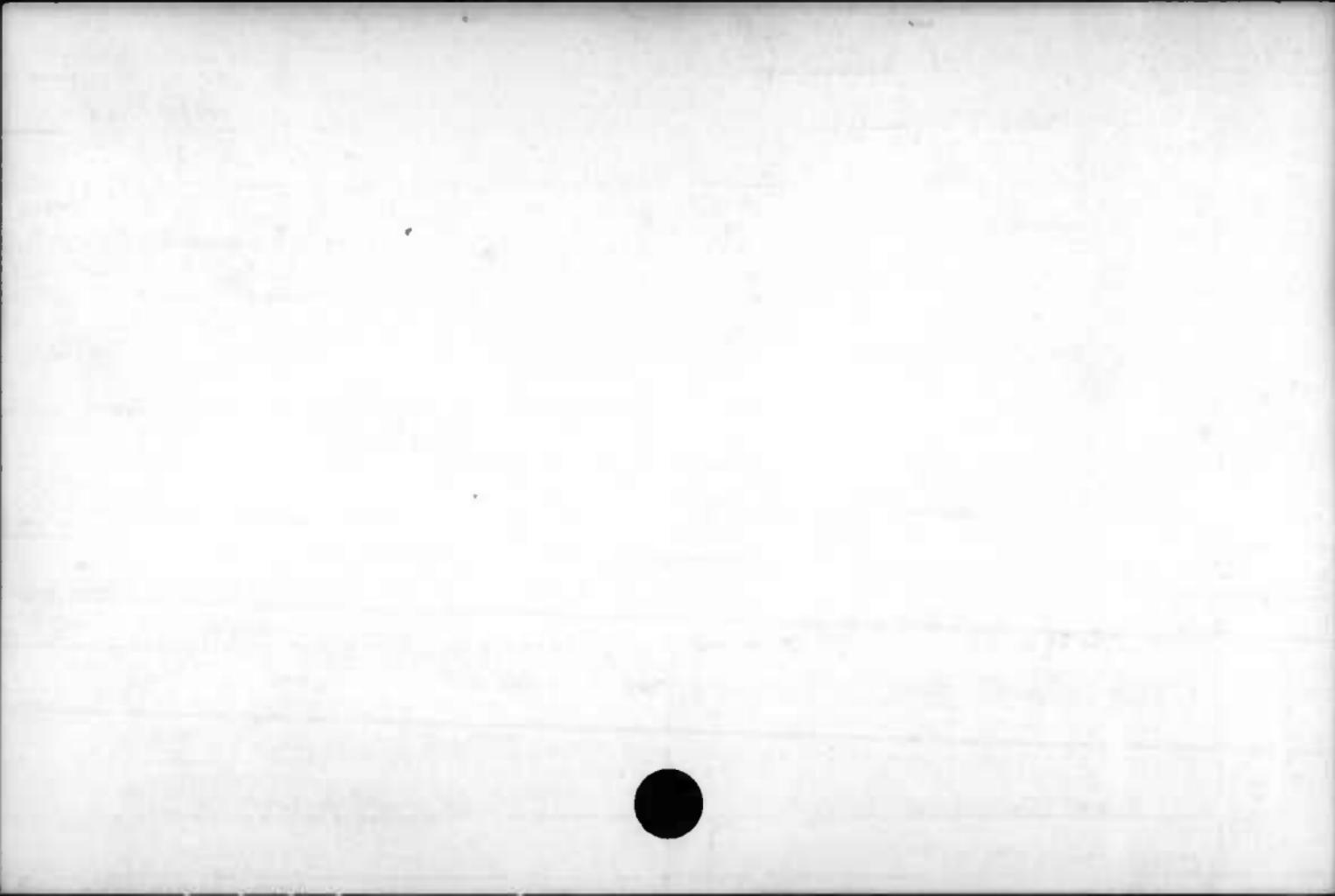
Signature of Physician

Dr Rollin P Collins

Address

Bishoperville Md.

Accident or Suicide?



Name
in
Full

Hancy Evans

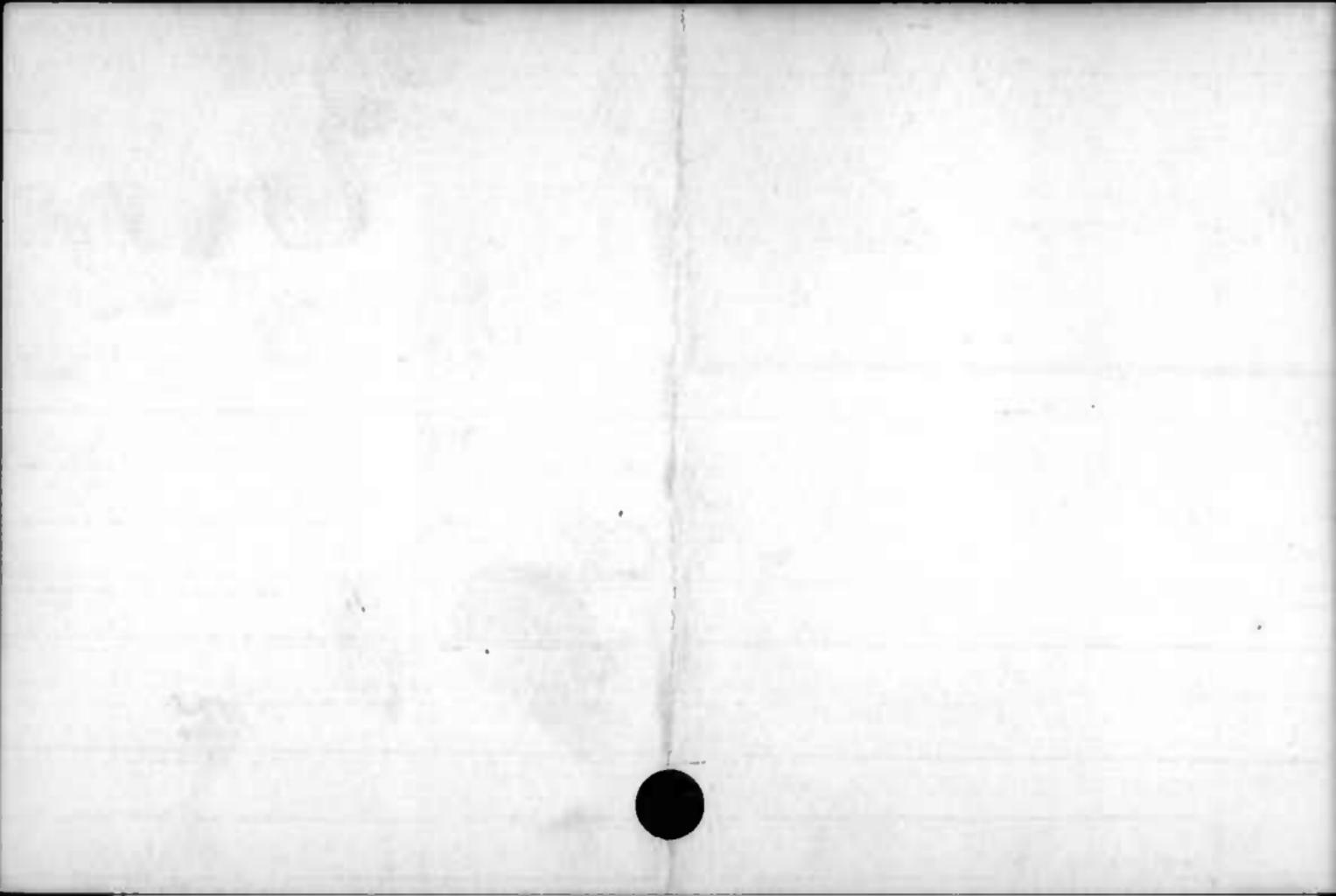
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Guldtree	Rochester			
Date of death	Month	Day	Years	Months	Days
1903	2	23	64	7	8
Sex	Female	Color or Race	White	Birth-place	
Married, Single or Widowed		Occupation	Housewife		
Name of Wife or Husband	George Evans Jr.				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	George Evans Jr.				

CAUSES OF DEATH

Primary	Sarcoma	45	How long	About 1 year
Immediate	Do not know (Do not know)		How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. H. Remmum, M.D.	
	Guldtree	Address	Rochester, Co., Md.	
Accident or Suicide?				



Name
in
Full

Not Named

CERTIFICATE OF DEATH

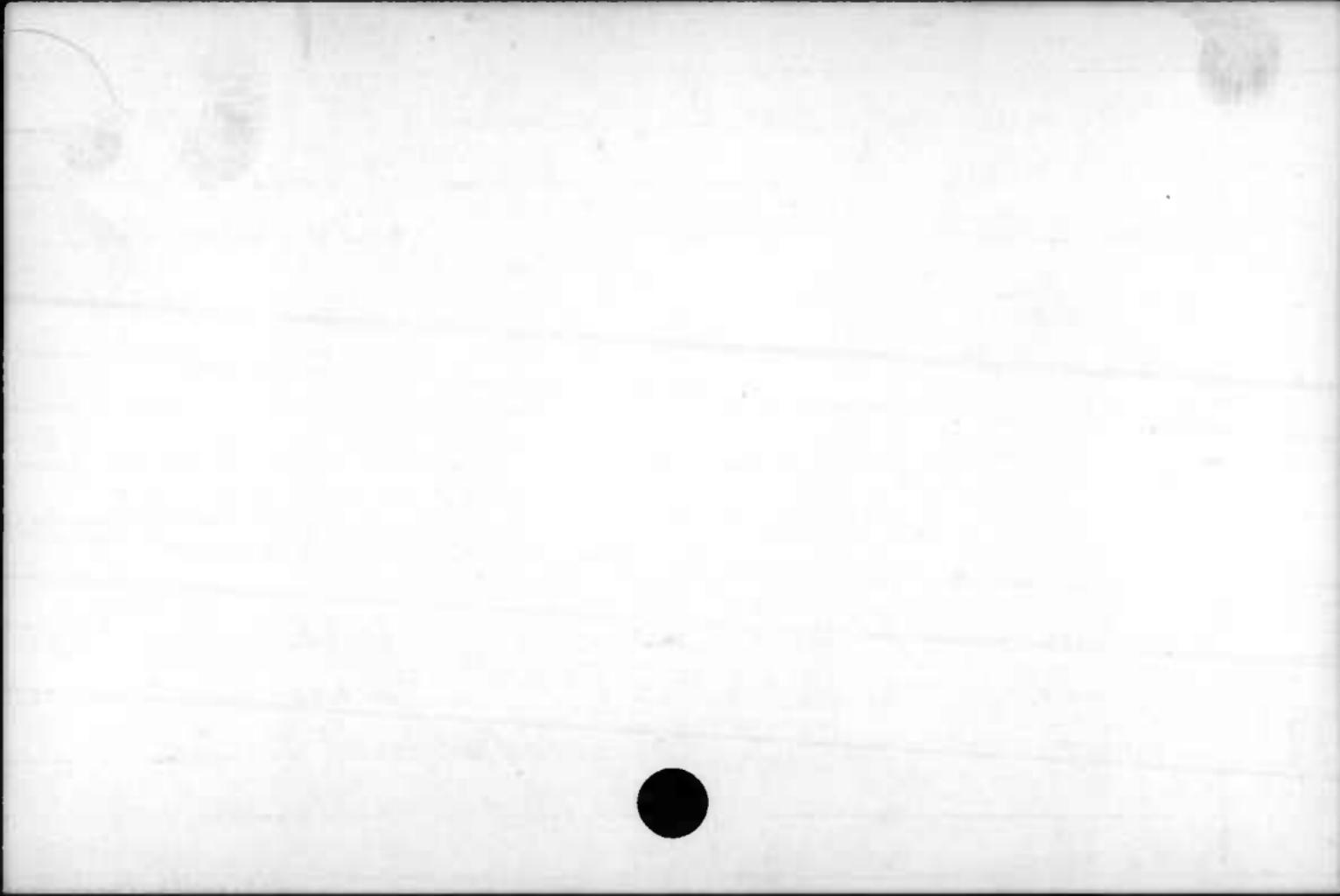
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Baltimore	Worchester	Months	Days	
Date of death	1903	Month Feb	Day 19	Age	Years
Sex	Male	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed	No	Occupation	None		
Name of Wife or Husband					
Father's Name	Henry Griffin				
Mother's Maiden Name	Jenodie E. Hudson				
Name of person giving information	Henry Griffin				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	A complication of Disease	How long	2 months
Immediate	No	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr Rollin P. Collins
		Address	Bishopville Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Cathell Stetich

Town Pocomoke City County Worcester
 Died at MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	2	27	35			Md	Clark
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband
of

Wife

Father's
NameJoshua L. StetichMother's
Maiden Name

Cause of

Primary

Tuberculosis

How long sick

About 4 years

Death

Immediate

AsthmaAccident, Suicide, Homicide

Reported by

John Stetich

Address

Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Waddron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Bishopsville</u>			County <u>Worcester</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>July</u>	Day <u>19</u>	Years <u>35</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>House work</u>					
Name of Wife or Husband <u>David Waddron</u>						
Father's Name <u>George Baba</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Mary Baba</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>David Waddron</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

27

How long

6 months

Immediate

No

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

yes

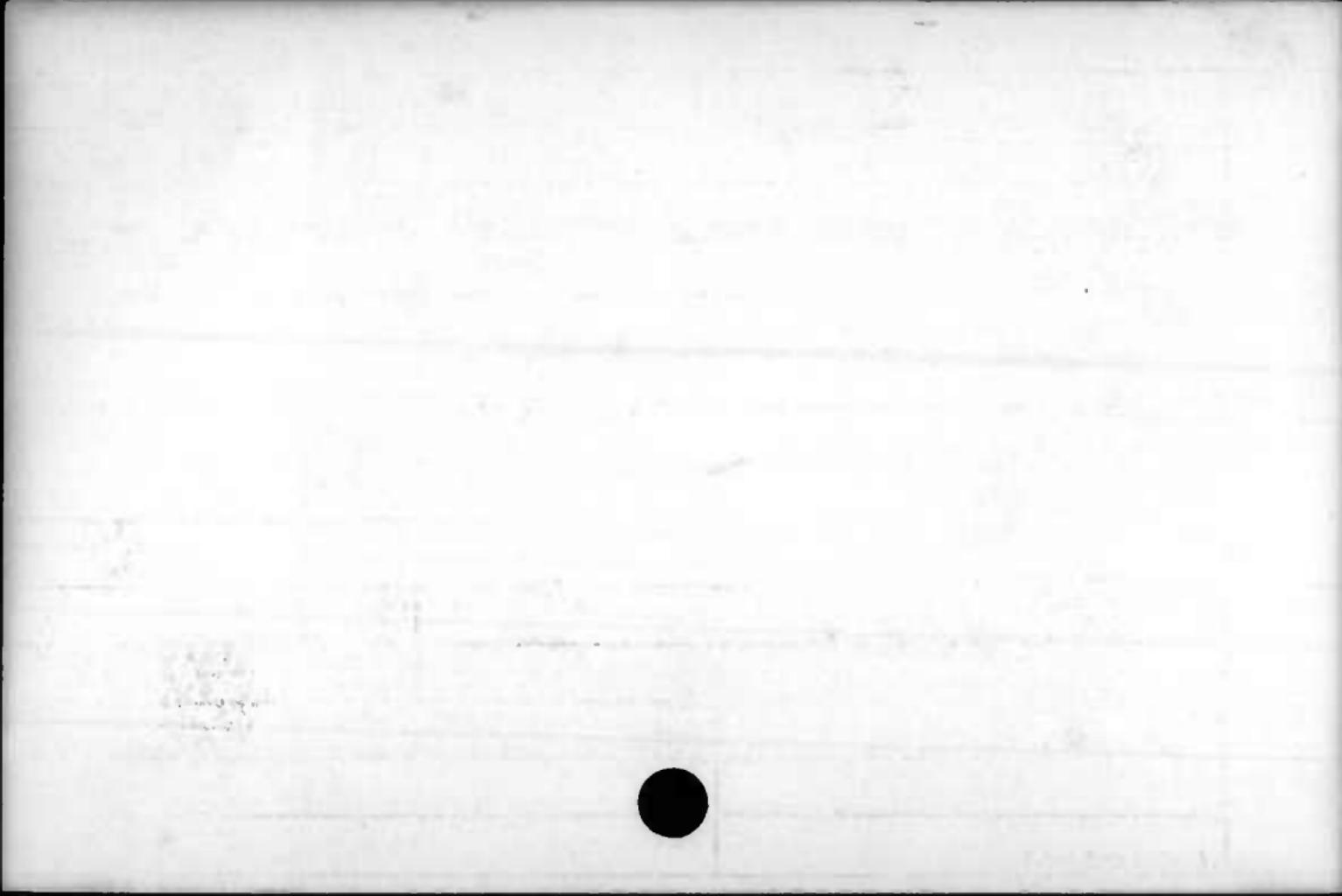
Signature of Physician

Dr Rollin G Collins

Address

Bishopsville Md.

Accident or Suicide?



Florence E. James
Town Stockton County Worcester

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	2	7	1	6		Ind	—
Male	White	Age	Married	Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of _____
Wife

Father's Name G.W. J. James Mother's Maiden Name Sallie A. Wilson

Cause of Death	Primary	Pneumonia	93	How long sick
Death	Immediate	Cardiac Exhaustion		Accident, Suicide, Homicide

Reported by G.H. Brummitt M.D.

Address Sudbury • Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hiram Johnson

Died at Stockton Town Worcester County MARYLAND

Died at	<u>Stockton</u>	Month	<u>2</u>	Day	<u>1</u>	Y.	<u>81</u>	M.	<u>0</u>	D.	<u>0</u>	Native of	<u>Va.</u>	Occupation	<u>Farmer</u>
Date	19	03				Age	81								
	Male		White			Married		Widow		Divorced					
	Female		Colored			Single		Widower				Number of children living	<u>7</u>		

Husband of Sallie Sharpley
 Wife Father's Name Mother's Name
 Maiden Name

Cause of Death	Primary	<u>Appopleay</u>	64	How long sick	<u>2 1/2 hrs.</u>
	Immediate			Accident, Suicide, Homicide	<u></u>

Reported by Jos. D. Dickerson, M.D.
 Address Stockton  Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha A Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 2	Day 2	Years 76 Months — Days —
Sex Female	Color or Race white	Birth- place Louisville	
Married, Single or Widowed Widowed	Occupation Housekeeper		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information	John Kelley	How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

dropsey

177

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

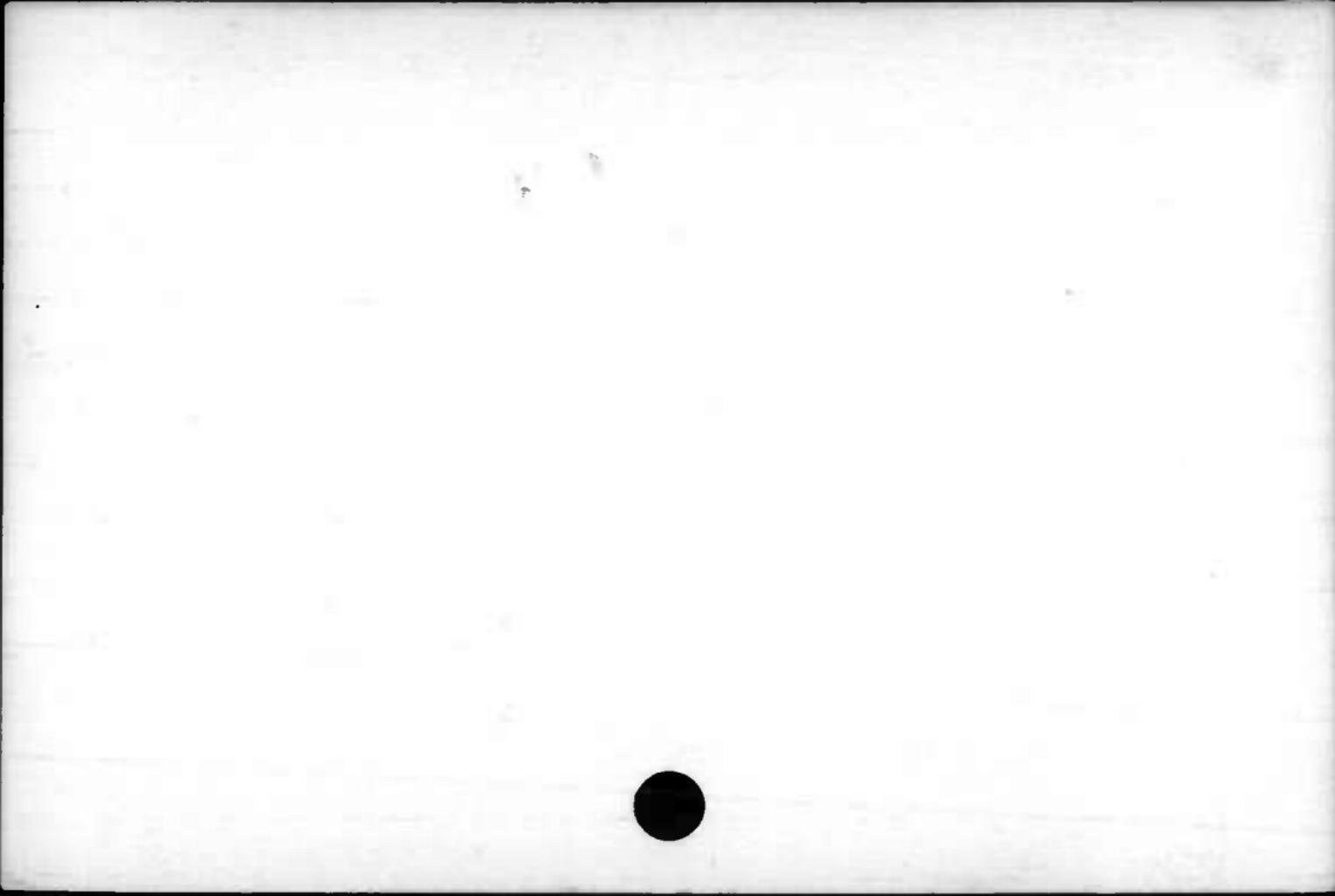


Signature of
Physician

Address

Dr E. D. Drinker
Baltimore Md

Accident or Suicide?



Name
in
Full

Mary Parsons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wileyville</i>		Town <i>Worcester</i>	County <i>Worcester</i>	MARYLAND		
Date of death 1903	Month <i>Feb</i>	Day <i>8</i>	Years <i>76</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Occupation <i>House Work</i>			Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>						
Name of Wife or Husband <i>Mary Parsons</i>						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information <i>Painter Patterson</i>			How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

8 months

Immediate

No

How long

27

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Hindell

Address

Wileyville Md

Accident or Suicide?

1. *Leucosia* *leucostoma* *leucostoma*

2. *Leucosia* *leucostoma* *leucostoma*

3. *Leucosia* *leucostoma* *leucostoma*

4. *Leucosia* *leucostoma* *leucostoma*

5. *Leucosia* *leucostoma* *leucostoma*

6. *Leucosia* *leucostoma* *leucostoma*

Name
in
Full

Dorrell Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Feb	Day 14	Years 81	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Maryland		
Married, Single or Widowed	Married	Occupation	Labourer at Whaleyville				
Name of Wife or Husband	Mary Parsons						
Father's Name	Robert Parsons	Father's Birthplace	Maryland				
Mother's Maiden Name	Bethel Parsons	Mother's Birthplace	Worcester County				
Name of person giving Information	Painter Weston	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paretic Stroke	How long	18 months
Immediate	No	How long	18 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Gindell
		Address	Whaleyville Md.
Accident or Suicide?			



Name
in
Full

Naoh Purnell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903.	Month	Day	Years	Months	Days	
Sex Male		Color or Race	Age 35	Birth- place M. J. Wesley		
Married, S- or Widowed		Occupation Farmer				
Name of Wife or Husband Edella Purnell						
Father's Name George Wright		Father's Birthplace unknown				
Mother's Maiden Name Gallie Waters		Mother's Birthplace unknown				
Name of person giving Information Thomas Purnell		How related to deceased all his life				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption 27

How long

12 months

Immediate

No

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

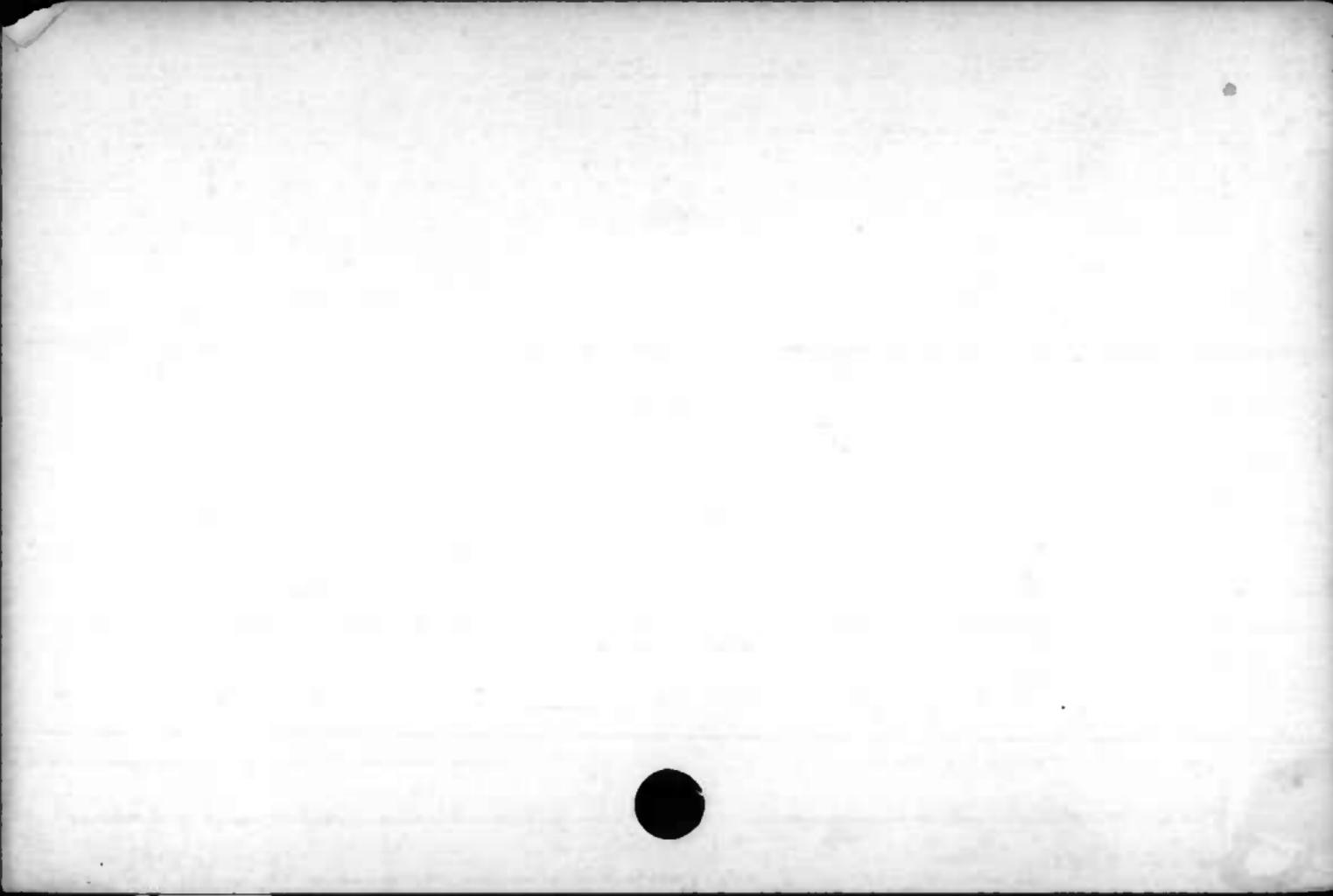
yes

Signature of
Physician

Address

Wm S Williams
Snow Hill Maryland

Accident or Suicide?



Mary A Schoolfield

Town

County

Died at

MARYLAND

Promoke city Worcester

Month

Day

Y.

M.

D.

Native of

Date 1903

Feb 8

Age

40 3

Occupation

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Singl~~

Widower

Number of children living

two

Husband of

Elijah Schoolfield

Wife

Father's

Name

Cause of

Primary

Tuberculosis & Rheumatism

How long sick

Death

Immediate

Heart trouble

Accident, Suicide, Homicide

Reported by

Sam S. Tamm 27

Address

Promoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Daniel J. Staton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 711a7 West Town		Horcester County		MARYLAND	
Date of death 1903	Month February	Day 23 rd	Years Age 72	Months	Days
Sex male	Color or Race white	Birth-place Maryland			
Married, Single or Widowed married	Occupation magistrate				
Name of Wife or Husband Hilda					
Father's Name Warner Staton	Father's Birthplace Maryland				
Mother's Maiden Name Mary Giveny	Mother's Birthplace "				
Name of person giving information H. J. Staton	How related to deceased Nephew				
CAUSES OF DEATH Collision with car					

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address 179

Accident or Suicide?

Supposed to have died with
pneumonia no doctor attended
him

Gov. E. Hill

Undertaker

<i>Harriet J Dull</i>					
Town	County				
<i>Nassawadox</i>	<i>Worcester</i>		MARYLAND		
Died at	Month	Day	Y.	M.	D.
Date 1903	2	4	75		
Male	White	Age	Native of		Occupation
Female	Colored	Married	Widow	Divorced	<i>Housewife</i>
Husband of	<i>Henry Dull</i>				
Wife					
Father's Name	<i>Matt F Grader</i>		Mother's	<i>Rosa Rader</i>	
Cause of Death	Primary	<i>Old age</i>	<small>Maiden Name</small>	How long sick	
	Immediate	<i>Heart Failure</i>	<i>contagious</i>	<i>1 year</i>	
Reported by	<i>Clarance Barnes</i>				
Address	<i>Poornok, Va</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Isaac Personnel

Town

County

Died at *Pocomoke City - Worcester -*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 8

Age 76

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

don't kn

Husband of

Isaac Personnel

Wife

Father's

Name

Mother's

Maiden Name

Don't kn

Cause of

Primary

Asthma

How long sick

7 weeks

Death

Immediate

Gravel

Accident, Suicide, Homicide

Reported by

Charlie Ballard Undertaker

Address

Pocomoke City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Naomi J West

Town County MARYLAND
 Died at Near Palomoke City, Worcester

Date 19	Month <u>03</u>	Day <u>Feb 14</u>	Y <u>71</u>	M. <u>72</u>	D. <u>72</u>	Native of <u>Delaware</u>	Occupation <u>Domestic</u>
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>				
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widow</u>			<u>Number of children living</u> <u>2</u>	

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

— widow of Philip West

Crichton Night

Mother's
Maiden Name

Dont know

Primary Legripp with Bronchitis

How long sick
at work

Immediate Walkers & Pulmonary Congestion

Accident, Suicide, Homicide

Samuel S Larimer

Palomoke City Feb 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

